



# Through the Lens

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A Focus on People, Change & Tomorrow

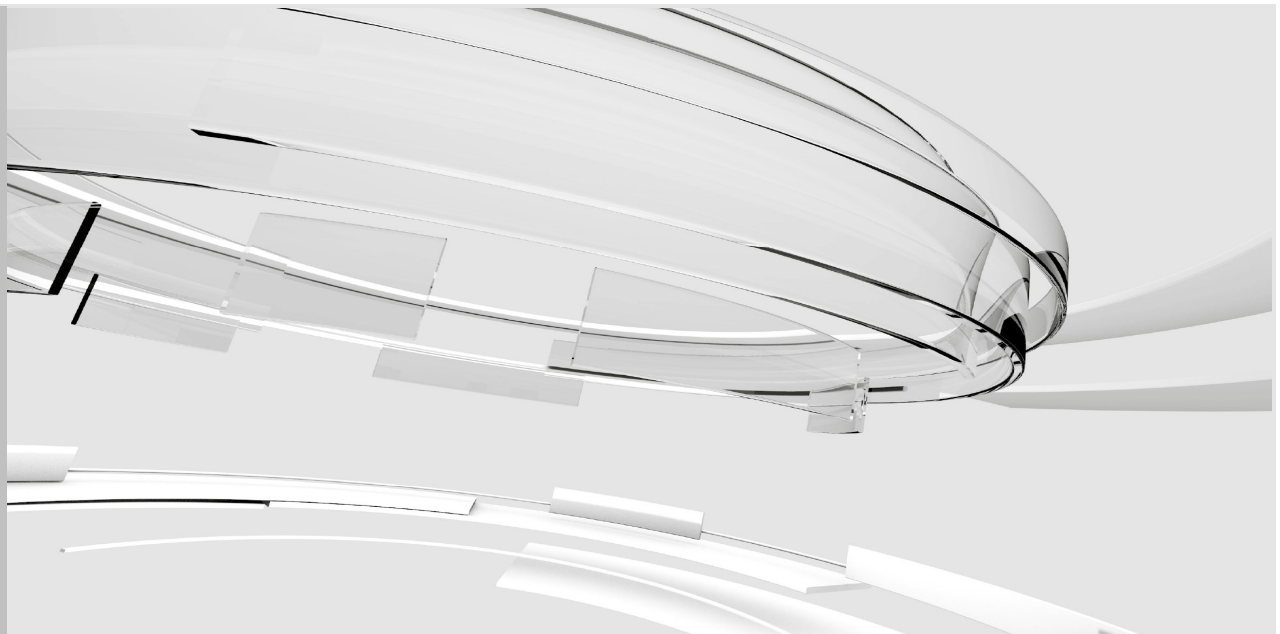
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2017-2018  
ANNUAL  
REPORT

TO THE  
BOARD OF  
DIRECTORS



***Tuscarora***  
*Managed Care Alliance*



# WELCOME

TO THE

## Annual Report

### **(Mission Statement:)**

Tuscarora Managed Care Alliance was created to meet the medical and social service needs of the citizens of Franklin and Fulton Counties who experience substance use and or mental health issues, and to administer a comprehensive and integrated network of locally accountable, publicly funded services for the purpose of promoting excellence in delivery of behavioral healthcare.



## **(Executive Director's Message:)**

Have you ever really examined something closely? Looked at it from above and beneath; at the shape; at the surface; visually inspected the texture; the parts of the whole? Depending on your vantage point the focus of your examination will change. While an analogy, the description above is similar to the process of inspection I undergo to analyze TMCA's Annual Performance.

For instance, from a distant view, the two county areas have an estimated population of 168,824 residents. Twenty-two percent (22%) or 36,665 residents receive their health coverage from Medicaid Managed Care. Nationally, one in 4.4 citizens receives either CHIP or Medicaid. In Franklin County, 1 in 4.6 residents have Medicaid Managed Care and conversely, 1 in 4 individuals in Fulton County has Medicaid Managed Care coverage. Overall, 4% of the two county general populations have received a behavioral health service paid by Medicaid Managed Care. Of the Medicaid Managed Care resident population, 18.9% have a treatment service paid for by Tuscarora Managed Care Alliance, the primary contractor of Medicaid Behavioral Health Managed Care with the Commonwealth of Pennsylvania.

As I move closer to look at the characteristics of persons using behavioral health treatment services, I discover that 6,945 individuals received treatment from our behavioral health system. Of those using a behavioral health service, 17.25% of residents were seeking substance use treatment resources and 82.75% were in need of mental health related services. The subset of residents using both a mental health and a substance use related service was 12.3%. In looking at cost per diagnostic category our three highest cost diagnostic populations per person are Autism Spectrum Disorders, Cocaine Use Disorders and Opioid Disorders.

As my perspective moves to Mental Health treatment features, I confirm that 6,251 adult and children received treatment. The majority of persons were receiving treatment in our community based Mental Health Outpatient Services (5,668) with Targeted Case Management (789) and Crisis Intervention services (689) being sought next in volume. Seventy-six (76%) percent of individuals receiving outpatient treatment sought treatment for Major Depression, Adjustment Disorders or Attention Deficient Hyperactivity Disorder. Most individuals were seen by a mental health clinician for therapy. Nineteen percent (19%) of individuals served in outpatient received a service by a Board Certified or Board Eligible Psychiatrist. Increasingly, psychiatric services are being delivered via telemedicine with 36% of the persons seen this year having their visits conducted this way.

Turning my attention to our other behavioral health service system, Substance Use treatment, notably 1,138 residents received a service. The majority of persons were served in our community based substance abuse outpatient settings (851). Next, in sequential order, persons received Intensive Outpatient Program services (464) and Non Hospital based Rehabilitation (338). Trends I observe are that utilization across all levels of care declined from the previous year with the exception of Intensive Outpatient treatment. A trend that is emerging among individuals receiving Substance Use treatment is an increase in the number of members seeking treatment for Cocaine Use Disorders while we are noting a slight decline in residents seeking treatment for Opioid Use Disorders in Franklin County.

In the 2017/20108 TMCA Annual Report staff have devoted effort to introducing the reader to a more focused look at several of TMCAs programmatic efforts to meet the specialized needs of county Medicaid residents. We have highlighted programs for individuals that have co-morbid behavioral health and physical health conditions and provide a deeper look into Substance Use Treatment and Recovery. Within the body of the Annual Report, program descriptions, outcomes, program staff thoughts and unique perspectives of individuals receiving the service are discussed.

As our community population continues to grow and county characteristics continue to evolve and change so too will TMCA's approach and planning for residents behavioral health needs. Medicaid has become one of the largest sources of health insurance coverage in our communities. The population depending on this coverage has more complex life needs which impact recovery and wellness. TMCA will continue to strive to craft empirically sound fiscally prudent solutions while improving behavioral health outcomes for the residents of the two county communities.

(Personnel:)

MELISSA REISINGER  
EXECUTIVE DIRECTOR

JESSICA  
ALLEN  
OFFICE  
SUPERVISOR

GEN  
HARPER  
QUALITY &  
COMPLIANCE  
DIRECTOR

KATHY  
DOYLE-LEHMAN  
FINANCE  
DIRECTOR

MICHELLE  
MOSHER  
HHS PLANNING &  
DEVELOPMENT  
DIRECTOR

BRAD  
COCCAGNA  
QUALITY  
SPECIALIST

THOMAS  
HIPPENSTIEL  
HHS INFORMATICS  
ANALYST





## (Steering Committee & Board of Directors:)

Julia Dovey, Vice Chair  
Fulton Family Partnership  
22438 Great Cove Rd.  
McConnellsburg, PA. 17233

Pete Lynch  
Fulton County Commissioner  
116 West Market St.  
McConnellsburg, PA. 17233

David Keller  
Franklin County Commissioner  
14 North Main St.  
Chambersburg, PA. 17201

Stacie Horvath  
Franklin County Human Services  
425 Franklin Farm Ln.  
Chambersburg, PA. 17202

Teresa Beckner  
Franklin County Fiscal  
218 North Second St.  
Chambersburg, PA. 17201

April Brown  
Franklin/Fulton Drug & Alcohol  
425 Franklin Farm Ln.  
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Sheldon Schwartz, Chair  
Franklin Community Member  
4127 Fletcher Dr.  
Greencastle, PA. 17225

Ashley Yinger  
Franklin/Fulton MH/IDD/EI  
425 Franklin Farm Ln.  
Chambersburg, PA. 17202

### TMCA BOARD OF DIRECTORS:

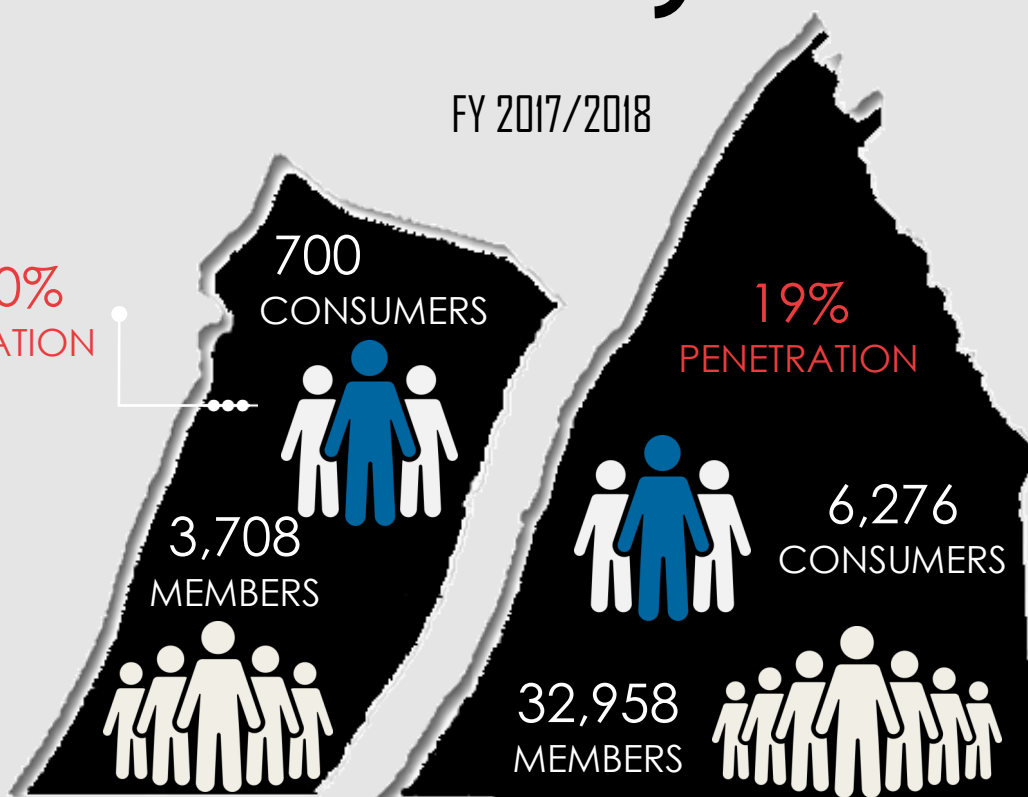
Robert Ziobrowski, Chairman   Stuart Ulsh, Vice Chairman   David S. Keller, Treasurer  
Robert Thomas, Secretary   Rodney McCray, Board Member



## (HealthChoices Demographics:)

FY 2017/2018

18.80%  
PENETRATION



# DID YOU KNOW?

Nationally, one in 4.4 citizens receives either CHIP or Medicaid. In Franklin County, 1 in 4.6 residents have Medicaid Managed Care and conversely, 1 in 4 individuals in Fulton County has Medicaid Managed Care coverage.

## Demographics Cont....:



### CHILD/ADOLESCENT CONSUMERS BY SERVICE:

	FY 17/18
Inpatient Mental Health	94
Psychiatric Partial Hospital	4
Inpatient Drug & Alcohol	9
Outpatient Mental Health	2,196
Behavioral Health Rehab. Service	487
Residential Treatment Facility	31
Outpatient D&A	38
Crisis Intervention	236
Family-Based MH	173
Targeted MH Case Management	323
<b>GRAND TOTAL</b>	<b>2,493</b>

*"The CRS program has impacted my life by making me more aware of the resources around me. My goals and knowledge about recovery have progressed. And all of the people I have met along the way have taught me something different each time!"*

CRS Program Participant

*"I can't thank my recovery house enough for giving me this chance to start my life in recovery and allowing me the time needed to focus on just my recovery first then everything else will fall into place. The subsidy was instrumental because I was able to slowly work my way back into a full time work schedule and keep my recovery first. This allowed me to be more stable."*

Recovery House Resident



### ADULT CONSUMERS BY SERVICE:

	FY 17/18
Inpatient Mental Health	233
Outpatient Mental Health	3,543
Outpatient Drug & Alcohol	875
Inpatient Drug & Alcohol	335
Crisis Intervention	453
Targeted MH Case Management	486
Peer Support Services	107
Tele-psychiatry	194
<b>GRAND TOTAL</b>	<b>4,543</b>



Change in Members From FY 12/13 to FY 17/18 11,206

% Change in Members from FY 12/13 to FY 17/18 44.24%





## Integrated Physical & Behavioral Care:

Interested in both improving care and controlling Medicaid costs, and aided by federal reforms and investment, states, health plans and provider systems are increasingly developing and implementing strategies to better integrate physical and behavioral health services. Efforts to date have taken a variety of forms, but two central themes emerge. One is the importance of identifying all of a patient's health care needs regardless of why or through what door he or she entered the health care system. The other is the broad goal of person-centered care and the specific role of care coordination in achieving it.

*"The solution lies in integrated care, the systematic coordination of general and behavioral healthcare. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs."*

SAMHSA-HRSA  
Center for Integrated Health Solutions

Franklin Fulton members are benefiting from a variety of programmatic efforts that address the need for physical health and mental health coordination and collaboration. An initiative directed through the Commonwealth of PA HealthChoices contracts the Integrated Care Plan (ICP) program. The program's goals are for greater integration and coordination of behavioral health and physical health services. The Department expects this ICP program to improve the quality of health care and reduce Medical Assistance expenditures through enhanced coordination of care between the Physical Health-MCOs (PH-MCO), Behavioral Health-MCOs (BH-MCO), Primary Contractors and providers. The PH-MCO must work in collaboration with the BH-MCOs through participation in joint initiatives to improve overall health outcomes of its Members and those activities that are prescribed by the Department. These joint initiatives must include at a minimum:

- Information exchange including the BH utilization data provided by the Department to control avoidable hospital admissions, readmissions and emergency department usage for Members with Serious Mental Illness and/or Substance Abuse Disorders.
- Development of specific coordination mechanisms to assess and, where appropriate, reduce the use of psychotropic medications prescribed for children, especially those in substitute care.

## Integrated Physical & Behavioral Care Cont...:

The current ICP program starts with a stratification of all members who meet the criteria for the targeted population (individuals with Serious Mental Illness, SMI). The stratification then occurs every six months. Those members are stratified into numeric categories:

- Four (4) = high PH/high BH needs
- Three (3) = high PH/low BH needs
- Two (2) = low PH/high BH needs
- One (1) = low PH/low BH needs

*"Pat, the Nurse Navigator, has helped me to have my physicians not jump right away to assuming everything that is going on with me is related to my mental health. She listens to me and makes me feel validated."*

Nurse Navigator Participant

Once members are identified through stratification several actions can occur. The following initiatives/actions are occurring to address the PH/BH collaboration-coordination efforts:

- Clinical Rounds are completed with 4 of the 5 PH-MCOs. PerformCare clinicians meet with PH-MCO clinicians. ER utilization is a reported field during these rounds discussions. If a member is identified as having high ER utilization, the member is referred for Care Manager outreach. If ER utilization is primarily PH in nature, the PH Care Manager completes the outreach and if the ER utilization is primarily BH in nature, the BH Care Manager completes the outreach to the member.
- Members are identified for outreach from Enhanced Care Managers, based on stratification, identified high PH and high BH needs and during rounds discussions. Members accessing acute levels of care for both PH and BH are identified for engagement with ECM. ECM complete outreach to member with goal of obtaining a release of information to fully coordinate with the PH-MCO and assisting member with connecting with community resource and treatment providers to best meet clinical needs.

*"While the Nurse Navigator Program is still in the early stages of development, the impact of the program is already recognized as it has fostered partnerships with participants in actively listening to their physical health and wellness needs, provided education and learning by identifying tools and resources needed for individuals to take defined steps to improve their physical health and wellness needs, and advocated for program participants through collaboration with a full healthcare provider network."*

Nurse Navigator Provider

Some members are identified for and connected with a Nurse Navigator. The Nurse Navigator Program is a supplement to select Intensive Case Managers to provide services to a caseload of individuals with high behavioral health needs and high physical health needs.

The Nurse Navigator team's goal is to improve the quality of life for individual with complex physical health and behavioral health conditions. This is done through the development of a wellness plan, the nurse's coordination with healthcare providers, and a focus on diversion from inpatient and emergency room care. During the 2017/2018 year, the program served eleven (11) members that were interested in better managing their health.

During 2017, there were 1,817 members stratified, and 133 members had ICP's completed.



## 2016 CY Physical Health/Behavioral Health Performance Measures:

	ER Visits- All Medicaid Members	ER Visits- Members with Serious Mental Illness	ER Visits per 1,000 Members with Serious Mental Illness CY 2016	ER Visits per 1,000 Members with Serious Mental Illness CY 2015
TMCA	13,259	5,207	148	145
PA State	1,329,621	540,814	155	147

	Initiation of Treatment- % Members who initiate alcohol or other drug treatment within 14 days of diagnosis -2016	% Initiation CY 2015	Engagement of Treatment- % Members who engage in alcohol or other drug treat- ment within 30 days of the initial visit-2016	% Engagement CY 2015
TMCA	32%	31%	20%	19%
PA State	26%	27%	17%	19%

	PH or BH Inpatient Admissions- Members with Serious Mental Illness-2016	% PH or BH Inpatient 30 Day Readmission- Members with Serious Mental Illness-2016	% PH or BH Inpatient 30 Day Readmission- Members with Serious Mental Illness CY 2015
TMCA	524	11%	18%
PA State	59567	14%	17%

	Members Adherence to Antipsychotic Medications- 2016	Adherence CY 2015
TMCA	80%	88%
PA State	67%	72%

**DID  
YOU  
KNOW?**

Obesity has been identified as the most significant health risk to our residents. 73% of Nurse Navigator participants have weight loss goals.



## ( Substance Abuse & Recovery: )

With the opioid epidemic making national headlines, there is a focus on the need for Substance Abuse Treatment and recovery supports. Substance Abuse Treatment is widely available through both Franklin and Fulton County. TMCA funds services that range from outpatient treatment to non-hospital residential/detox to inpatient rehab and detox.

Before receiving services, an evaluation is completed to determine which level of treatment would be most helpful to that individual. The state of Pennsylvania is currently in transition to a nationally accepted tool called the ASAM or American Society of Addiction Medicine criteria. This is a shift to an evidence-based evaluation which will help evaluators more accurately determine the best possible treatment. TMCA has partnered closely with the Franklin County Drug and Alcohol Program to assist in the implementation of the ASAM Criteria by offering training to local providers and PerformCare staff.

*"Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD) is cost-effective. Keystone clients receiving MAT has shown tremendous improvement. They are clean from Opioids and other illicit drugs. Treatment is goal directed and clients are motivated to live productive lives. Most of these clients are working, has stable housing, has stable families and they are contributing to the community. These clients are not in need of utilizing health resources e.g., Emergency Departments, Medical or surgical inpatient units due to drug related medical complications. Criminal justice clients are able to stay out of jail. Families has noticed client taking more responsibility and making healthy choices."*

MAT Provider

In fiscal year 2017-18, there were 1,138 members who used substance abuse treatment services. This equaled a penetration rate of 3.11%. A majority of the members were white (83.48%), male (57.29%) and between the ages of 21-44 (76.54%). Only 3.78% of the total members were under age 18.

The most common primary diagnosis was Opioid Use Disorder (50.89%) followed by Alcohol Use Disorder (29.35%) and Cannabis Use Disorder (17.05%). These three drugs combined for over 90% of the population served. Interestingly, Cocaine Use Disorder is the fastest growing diagnosis, rising from 31 members 2 years ago, to 55 members last year and up to 71 members this year.

## Substance Abuse & Recovery Cont...:

The most common treatment is outpatient therapy and intensive outpatient therapy (IOP), which combine to total 905 members (79.53%). What makes IOP different is the amount of time spent in therapy; this includes the amount days per week and hours per session. Individuals involved in IOP tend to have more severe addiction issues that need closer monitoring.

Due to the large number of members with opioid use disorder, three providers have included Medication Assisted Treatment (MAT) into their programs. MAT programs who receive funding through behavioral health managed care in Franklin and Fulton County operate under an approved service description. This service description must incorporate best practice standards into the program as published by SAMHSA and the American Society of Addiction Medicine. Treatment is an important component of these MAT programs that operate out of behavioral health practices. In FY 2017/2018 there were three programs that operate out of behavioral health practices in Franklin and Fulton County. There were 184 (16.17%) members who accessed MAT services.

*"The program has impacted my life in a very positive way. It has given me the tools/coping skills needed to taper off Suboxone. Also by ensuring that I will have a very comfortable and controlled taper. It was a huge inconvenience at first, but I actually stuck with it and now I'm confident that I have the strength to do this for me and my children. It has helped me with my relationships, as far as weeding out the good and the bad."*

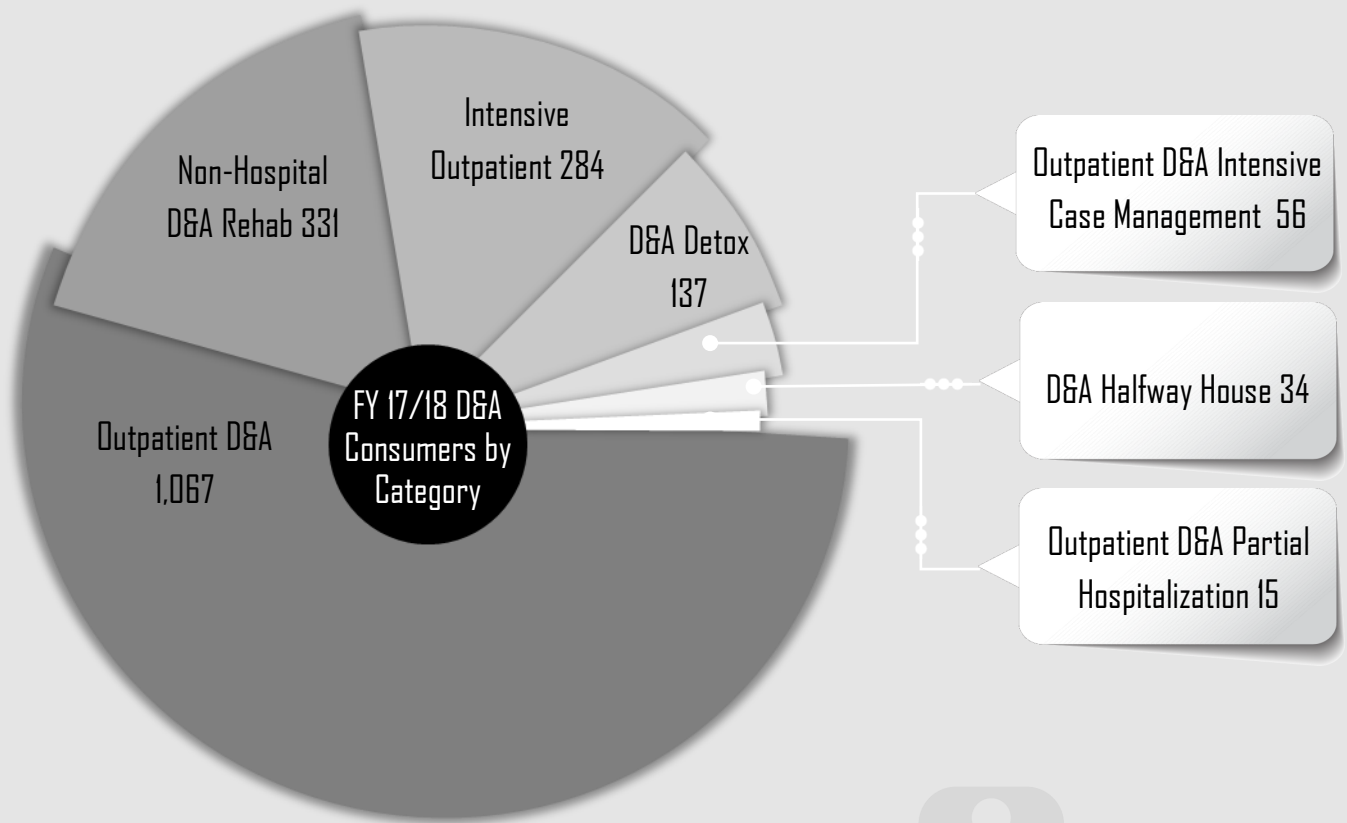
MAT Participant

TMCA will continue to closely track the trends of substance abuse treatment as the focus continues to grow the new evaluation criteria is implemented. TMCA will continue to work with PerformCare and the Franklin County Drug and Alcohol Program to ensure members in both counties have sufficient treatment options to meet their needs, while supporting and implementing programs that focus on Recovery.

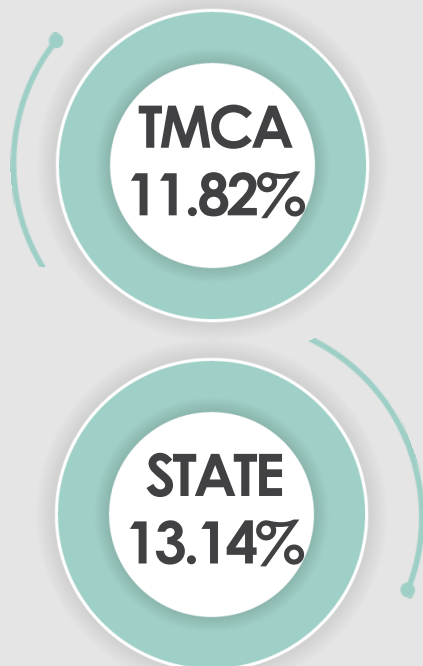
Through reinvestment funding, TMCA has implemented two programs with a strong focus on recovery, Recovery Housing and the Certified Recovery Specialist Program.

- The Recovery Housing Program provides rental subsidies to individuals residing in Recovery Housing on a short-term basis. Target population is individuals who have recently completed substance use inpatient treatment and are attending intensive outpatient treatment. TMCA contracts with two PARR certified recovery houses, one for men and one for women. This service helps to give individuals a leg up early in their recovery to set them up for success. TMCA funded 31 men and 4 women in the FY. Sixty-three percent of the population became employed and only 15% of those that have left the Recovery House have had an admission to an inpatient level of care (SA Rehab or Detox or MH Inpatient) 3 months post leaving the residence.
- The Certified Recovery Specialist Services is a community based recovery support service delivered by someone with lived experience for persons striving to achieve long-term recovery from substance use disorder. CRS services are intended to extend and enhance the substance use treatment continuum by helping to prevent relapse and promote sustained recovery and, if relapse occurs, help minimize the negative effects through early intervention. Services include outreach, mentoring, peer support and guidance, as well as resource information and referral. Each Substance Abuse (SA) Outpatient Provider in the Franklin Fulton Region has been offered the opportunity to embed a Certified Recovery Specialist into their practice. Four SA treatment providers contract with TMCA to provide this service.

## Substance Abuse & Recovery Cont...:



## Behavioral Health 30 Day Readmission— Substance Abuse



Alcohol Use Disorders	Child/Adol	5
	Adult	329
<b>Alcohol Use Disorders Total</b>		<b>334</b>
Cannabis Use Disorders	Child/Adol	36
	Adult	161
<b>Cannabis Use Disorders Total</b>		<b>194</b>
Opioid Use Disorders	Child/Adol	2
	Adult	578
<b>Opioid Use Disorders Total</b>		<b>579</b>
<b>Grand Total</b>		<b>1,041</b>





# Financial Condition:

## RECEIPT

### FY17/18 Aid Category Expenses

	Medical Claims	Members
TANF/HB/MAGI Child	\$8,327,102	16,619
TANF/HB/MAGI Adult	\$1,658,011	4,499
SSI w/ Medicare & Healthy Horizons	\$1,319,969	3,336
SSI w/out Medicare Child	\$5,072,317	1,719
SSI w/out Medicare Adult	\$1,893,405	1,904
HC Expansion - Newly eligible	\$5,407,656	10,945
Excluded	\$17,382	
<b>TOTAL</b>	<b>\$23,695,845</b>	<b>36,534</b>



Net Capitation	\$28,559,044.02
Medical Claims*	-\$24,995,950.00
PerformCare Administration	-\$2,525,899.35
TMCA Administration	-\$1,023,313.79
<b>Surplus/Deficit</b>	<b>\$13,880.88</b>

\*Includes Received but Unpaid claims

### FY 17/18 Reserves & Risk Instruments

Risk & Contingency inc. Insolvency—	\$4,424,775
Reinvestment—	\$2,266,956
Interest Earned—	\$48,703
Equity—	\$1,514,753



